RESIDENT AGENT DESIGNATION FORM

Name:	
Address:	
City/state/zip:	
	shes to designate the Nebraska Secretary of State as f process in actions taken in the enforcement of the
Signature	Date
Name (please print)	Telephone
Mail to:	
	ebraska Secretary of State raska Sate Capitol, Suite 2300 Lincoln, NE 68509
Copy to:	
Nebra	aska Department of Agriculture Bureau of Plant Industry P.O. Box 94756 Lincoln, NE 68509

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